

**SECRET**

OFFICE OF SPECIAL ACTIVITIES

ATTACHMENT  
(Revised 8 May 1964)

OSA HQS. NOTICE No. 230-2

FORMAT

RB Number

ACTIVITY PROGRAM

PS Number

PROJECT OFFICER (Name & Extension)

1. Purpose
2. Description of Work or Service Required
3. Total Estimates Cost
4. Source of Funds
5. Remarks

\_\_\_\_\_  
(Requestor Signature)

\_\_\_\_\_  
Date

CONCUR:

\_\_\_\_\_  
C/B&F/OSA

\_\_\_\_\_  
Date

**SECRET**

**SECRET**

CONCUR:

\_\_\_\_\_  
PS/OSA

\_\_\_\_\_  
Date

APPROVED or RECOMMENDED for APPROVAL:

\_\_\_\_\_  
AD/OSA

\_\_\_\_\_  
Date

APPROVED or RECOMMENDED for APPROVAL:

\_\_\_\_\_  
DD/S&T

\_\_\_\_\_  
Date

APPROVED:

\_\_\_\_\_  
DDCI

\_\_\_\_\_  
Date

**SECRET**